

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



December 15, 1988

ALL-COUNTY INFORMATION NOTICE I-122-88

TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: VICTIMS OF CRIMES PROGRAM

REFERENCE: ALL-COUNTY INFORMATION NOTICE I-94-88

This is to notify you that the State Board of Control adopted the enclosed policy for payment of psychotherapy expenses claimed under the Victims of Crime (VOC) Program and staff policy guidelines regarding the number of treatment sessions payable. Also enclosed are requirements regarding submission of bills to the State Board of Control, VOC Program for services provided to victims of crime claimants.

If you have any questions regarding these policies, please contact Michelle Marks, State Board of Control, at (916) 445-8091. Questions regarding Child Welfare Services programs should be addressed to your Adult and Family Services Operations consultant at (916) 322-6671 or ATSS 492-6671.

A handwritten signature in black ink, reading "Loren D. Suter", is positioned above the typed name.

LOREN D. SUTER
Deputy Director
Adult and Family Services

Enclosures

cc: County Welfare Directors Association
State Board of Control

STATE BOARD OF CONTROL

VICTIMS OF CRIME PROGRAM

P.O. BOX 3036

SACRAMENTO, CA 95812-3036



November 16, 1988

TO ALL VICTIM/WITNESS ASSISTANCE CENTERS
AND INTERESTED PARTIES

PSYCHOTHERAPY RATES

This is to notify you that, at its meeting on October 31, 1988, the State Board of Control (Board) adopted maximum rates for payment of psychotherapy expenses claimed under the Victims of Crime Program (Program) and staff policy guidelines regarding the number of treatment sessions payable.

The following provisions apply for claims where treatment begins after January 1, 1989:

RATES

Payment will be limited to the lesser of a provider's prevailing charge or the following maximum rates:

Individual Therapy

Licensed Clinical Social Workers and \$70 per hour
Marriage, Family and Child Counselors.

Psychiatrists and Psychologists. \$90 per hour

Group Therapy

40% (per hour) of the provider's maximum individual hourly session rate.

SESSION LIMITATIONS

The number of treatment sessions payable will be limited to a maximum of 50 sessions per claimant, with the provision for payment of treatment extending beyond 50 sessions when supported as medically necessary.

Procedures for implementation of this policy are being developed and will be disseminated in the future.

ALL VICTIM/WITNESS ASSISTANCE
CENTERS AND INTERESTED PARTIES

November 16, 1988

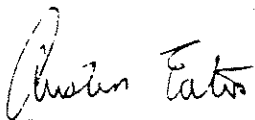
Page 2

EFFECTIVE DATE

These rates and guidelines become effective on January 1, 1989. They will NOT apply to any claims (including supplemental claims) for which initial treatment by the same therapist began before January 1, 1989.

All claims that are approved for payment of psychotherapy treatment that began before January 1, 1989, regardless of when the claim was filed with the Program, will be paid according to the Board's previously established informal rate guidelines. Those guidelines generally limited payment of psychotherapy expenses to the lesser of a provider's prevailing charge or the following maximum rates: \$80 per hour for Licensed Clinical Social Worker's and Marriage, Family and Child Counselors and \$100 per hour for Psychiatrists and Psychologists.

Any local Victim/Witness Assistance Centers or Interested Parties having questions or needing additional information regarding this matter may wish to contact Michelle Marks of my staff at (916) 445-8091. Joint Powers Agreement (JPA) Victim/Witness Assistance Centers needing assistance in this matter should contact Allan Schaden, Manager, JPA Unit, at (916) 445-3545.



AUSTIN EATON
Executive Officer

AE:MDM:mdm:6777V

cc: Board Members
Ted Boughton
Allan Schaden
Michelle Marks

STATE BOARD OF CONTROL

VICTIMS OF CRIME PROGRAM

P.O. BOX 3036

SACRAMENTO, CA 95812-3036



November 21, 1988

SPECIAL NOTICE TO PROVIDERS OF SERVICES
TO VICTIMS OF CRIME

Attention Provider:

This is to notify you of Program requirements regarding submission of bills to the State Board of Control, Victims of Crime Program (VOC), for services you provide to victims of crime claimants.

Pursuant to the California Code of Regulations (Title 2, Division 2), effective October 1, 1988, only the victim (applicant/claimant) or his/her authorized representative (attorney or a local Victim/Witness Center) are authorized to submit bills to the Program.

Section 649(1) of these regulations states in part that:

All such bills or statements for services shall be submitted to the Victims of Crime Program or to local Victim/Witness Centers under contract to the Board only by applicants or their authorized representatives.

The regulations further require that the victim or his/her representative submit all itemized bills or statements not submitted as part of the original application on a completed Supplemental Claim form. A new Supplemental Claim form (sample attached) has been designed to fulfill this requirement.

As a result of these regulations, effective immediately, all bills to the VOC Program for services to Victims of Crime claimants must be submitted via a properly completed VOC original application or supplemental claim form. ALL BILLS SUBMITTED TO THE PROGRAM WITHOUT THE APPROPRIATE FORMS WILL BE RETURNED TO THE SENDER AND PAYMENT WILL OBVIOUSLY BE DELAYED.

However, please note that upon receipt of a properly submitted and valid supplemental claim, the Program will still ISSUE PAYMENT DIRECTLY TO YOU of monies not already paid to you by the victim, unless the victim objects to such a direct payment.

Provider

- 2 -

November 14, 1988

If you are providing services to persons who have claims on file with this Program, processing timeliness will be enhanced by your immediate compliance with this policy.

Your cooperation and compliance with this policy is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Ted Boughton". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

TED BOUGHTON
Deputy Executive Officer
Victims of Crime Program

TB:MDM:mdm:5535V

INSTRUCTIONS

This Supplemental Claim form is used to claim any bills not claimed on your original application or previous Supplemental Claim. Complete this form and send it with any new bills to your representative (Victim/Witness Center or attorney) or to the Victims of Crime Program. Copies of itemized bills and proof of insurance or other payments for these losses must be included.

APPLICANT INFORMATION

APPLICANT NAME		CLAIM NUMBER	
MAILING ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY NO.	DATE OF BIRTH	IS THIS A NEW ADDRESS? [] NO [] YES	

SUPPLEMENTAL LOSS INFORMATION - Check additional losses not claimed before.

[] MEDICAL [] PSYCHOTHERAPY [] FUNERAL/BURIAL [] JOB RETRAINING

Copies of itemized bills and all payments from other sources for these additional losses must be attached. Losses CANNOT BE PAID without these documents. Unless you object, payment for unpaid bills will be made directly to the provider.

[] INCOME/SUPPORT LOSS: PERIOD NOW BEING CLAIMED _____ TO _____

If not claimed before, complete employer information below:

EMPLOYER NAME	PHONE NUMBER
MAILING ADDRESS	CITY STATE ZIP

[] No [] Yes HAS A DOCTOR GIVEN YOU A DISABILITY STATEMENT?

If yes, attach a copy and complete below (if not previously provided):

DOCTOR'S NAME	PHONE NUMBER
MAILING ADDRESS	CITY STATE ZIP

CIVIL SUIT

[] YES [] NO I have filed a civil suit as a result of this crime. If yes, please write your attorney's name, address and phone number on the back of this form.

DECLARATION

I understand it is my responsibility to inform the Victims of Crime Program of any other reimbursements or sources of reimbursement for these losses.

I declare under penalty of perjury that all losses claimed are directly related to the crime described on my original application.

APPLICANT OR REPRESENTATIVES SIGNATURE X	DATE	PHONE NUMBER (daytime)
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GIVE THIS CLAIM TO YOUR REPRESENTATIVE
- or -
MAIL TO:

STATE BOARD OF CONTROL
VICTIMS OF CRIME PROGRAM
P.O. BOX 942003
SACRAMENTO, CA 94204-2003